

# DDD SPECIALTY TRAINING SIGN-UP SHEET



**INSTRUCTIONS: PRINT CLEARLY – Fill out all boxes completely. THIS IS A TWO PAGE FORM: Enter dates, trainer name and region number on both pages.**

Day 1 Date: Day 2 Date: Day 3 Date: Trainer: Region:

\*RESIDENCE TYPE = AFH, BH, CH, DDD Contracted, or Other - AFH = Adult Family Home BH = Boarding Home CH = Companion Home

[illegible]

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ATTENDEE INFORMATION		PROGRAM INFORMATION		RESIDENCE		PHOTO ID?		ATTENDANCE		
ATTENDEE NAME & ADDRESS	ATTENDEE TELEPHONE	PROGRAM NAME & ADDRESS	PROGRAM TELEPHONE	TYPE	IF "OTHER" EXPLAIN	Y/N	CERT #	DAY 1, 2, 3	IF ABSENT EXPLAIN	SCORE